| STATEMENT OF ORGANIZATION | | | | OFFICE U | SI | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------|--------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name and Address of the second s | f Committee | | 2. Date of this Statement | PAC | | |
| Glazer's Louisiana PAC P.O. Box 44032 Baton Rouge, LA 70804 | | | January 5, 2015 | 5/0 | | |
| Baton Rouge, LA 70004 | | | 3. Estimated Membership | 1/5 | | |
| | | | 2 | | | |
| | | | 4. Amended Statement? | | 25 | |
| | | | YesXNo | # 89668 | | |
| 5. All Committee Office | s and Directors (including Chairpe | rson, Treasurer, i | f any, and any other committee of | ficers and directors) | | |
| a. <u>Name</u> | b. <u>Position</u> | | c. Address | HANDD | ELIVERED | |
| Ryan Haynie | Chairperson | P.O. Box 44 | 032, Baton Rouge, LA 7080 | 1 MIND D | LLIVEREL | |
| Ryan Haynie | Treasurer | P.O. Box 440 | 032, Baton Rouge, LA 7080 | 4 | | |
| 6. Affiliated Organizatio (Any organization, ot | ns her than a political committee, whic | ch directly or indir | ectly established, administers, or f | inancially supports this cor | nmittee.) | |
| a. <u>Name</u> | b. <u>Address</u> | | c | Relationship to Committe | <u>e</u> | |
| Glazer's of Louisian | na 14911 Coru | ım Drive, Suit | e 150, Dallas, TX 75254 | Financial Suppor | t | |
| 7. All Depositories for C funds.) | committee Funds (committee funds | must be deposite | ed in one or more banks or saving | s and loan institutions or m | oney market mutual | |
| a. <u>Name</u> | b. Address | | | | | |
| Iberia Bank | eria Bank 3555 Perkins Road, Baton Rouge, LA 70808 | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee | | | | | | |
| b. Name of Candidate | | | | c. Office Sought by the | Candidate | |
| | | | | | | |
| 9. a. Name of Person I | Preparing Report Ryan Haynie | | | | | |
| b. Daytime Telephor | ne 225-336-4143 | | | | | |
| 10. WE HEREBY CE information and belief. | RTIFY that the information contain | ned in this STA | TEMENT OF ORGANIZATION is | true and correct to the t | pest of our knowledge, | |
| This 5 th day of J | anuary , <u>2015</u> . | | | | J. 25 | |
| Signature | of Committee Chairperson | <u> </u> | 225-336-4 Daytin | <u>143</u> ne Telephone Number | PH P2: 3 | |
| | | | | | and the second s | |
| Signature | of Committee Treasurer, if any | | 225-336-4 Daytir | 1 <u>143</u> ne Telephone Number | | |

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